Approved for use through 08/30/2010, OMB 0851-009

F			-	*****	ONINE JOL	VIIII F 10-3	d to respond MINAT 175	ond to ON	REASIST	n of kn	omation	unless	U.S. DE display philoado	PARTME B & Yelld C T OF DOOK	T OF	OOMM officel nu	mbe
APPLICATION AS FILED - PART (Column 1) (Column 2)								SMALL ENTITY					or (OTH	ER T	YAN'	
1 HA	BABIO FEE		NUMBER FILED		ED	NUMBER EXTRA		7 1	. "	_		77	Ϋ́ —	SMA!	LEN	mry	
.637	OFR 1,16(a), (b); c	((0))		N/A		. NA	*******	11	RATE	1	FEE (\$	1 1		RATE (\$)	1	FEE (7)
(87	ARCH FEE CFR 1.16(4, (0, o	(m)		N/A		NA		11	- NA			4		N/A			-
歐	EXAMINATION FEE (9) OFFI L16(0), (p), or (q)) TOTAL CLAIMS (9) CFR L16(f)) MIDEPENDENT CLAIMS (9) CFR L15(h))		1	N/A		N/A	- -	Н	N/A	-	-	_		N/A			
67			minus 20 ± minus 3 =		s 20 =			11	× EF =			of		N/A		1.	
(37					12.3 m			1.1		-			R X	50 =			
(97 C	FR 1.10(a))		If the specification and sheets of paper, the apt is \$250 (\$130 for small additional 50 sheets or 35 U.S.C. 41(a)(1)(G) a			fully) for each action thereof. See			x 165	-			X	210 =			
MULTPLE DEPENDENT CLAIM PRESENT (37 CFR 1.10(1))									185	+	-	-	-		1		4
If the difference in column 1 is less than zero, enter "0" in column 2.							7 to 5	. L	TOTAL	+	,	- 0		170	1	·	⅃
2	APPL profes (160) profes (160) profes (160) Application Size	(Colu	INN 1) AIMS AIMING TER DMENT	Minus	Colum HIGHE HUMBE PREVIOU PAID FC	(Col	SEENT	×	SMAL RATE (\$) 25 = 105 =	1	., .	OF OR	R/	OTHER SMALL	ENTI	(M TY (DDI- ONAL EE (\$)	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(0))								1	(8,6	-			1	_ / / / .		-	1
:		(Colun			(Column			To	TAL DOLFEE	E	<u> </u>	OR:	TOTA	40 L FEE			
MENTB	Total	CLA REMA AFT AMEND	NING	Minus	HIGHES NUMBER PREVIOUS PAID FOI	PRES	SENT .	F	ATÉ (\$)	TK	DDI- DNAL E (\$)		RAT	E (\$)	TIC	DDI- NAL E (\$)	
2 8	tork Lieby).			Minus	44	-		×	75 =	<u> </u>		OR	× 5	2 =			
Ž A	pplication 8tze F	ee (37	≯R1.16	s))				×	105 =	<u></u>		.OR	x 21	Ø =			
(1	RST PRESENTAT	ION OF I	CULTIPLE	EPENDE	HT OLAIM (S		85				3 5	9.					
	the entry in colu the Highest Num he Highest Num	mh 1 ls mber Pre	ess than t Viqualy P ylously P	he entry i	in oolumn 2. N THIS SPA N THIS SPA	write "o" to on	olumn 9. Ah 20; enl	TOT ADI	AL FEE			OR OR	TOTAL ADDY	PEE	-		
ie amo	process) an approcess an approcess an approcess an approcess an approcess and approved	require	lo comple	le this (or	inpleted appli	oallon form (o the USP	To. t	ime wiiva	oolleadi ov den	ropitate endlif by off to test endlift u ent to the NO FEE	box in o the put imated to pon the conter son c	olumn 1. Ilo Whilol o lake 1: Individue niormati OMPLE:	i la la file 2 minutes 1 case. An on Officer, red Fork	(and lo com y com U.S. (by the optote in enter the transfer of the tra	

If you need assistance in completing the form, ball 1-800-PTO-8150 and select outlier 2.